



STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL
DARRELL V. MCGRAW, JR.
CONSUMER PROTECTION DIVISION / PRENEED FUNERAL UNIT
1-800-368-8808 or 304-558-8986



<http://www.wvago.us>

E-Mail: consumer@wvago.gov

PRENEED FUNERAL COMPLAINT QUESTIONNAIRE

1. PARTY COMPLAINING

Name:

☐ Mr. ☐ Mrs. ☐ Ms.

Address:

City: State:

County: Zip Code:

Home Telephone:

Work Telephone:

Cell Telephone:

Email:

Best time to contact me:

2. COMPLAINT AGAINST

Business Name:

Address:

City: State:

County: Zip Code:

Telephone:

Name of person you dealt with:

Title:

3. Date of Transaction or Occurrence:

4. Product or Service Involved:

5. Total Price or Monetary Value Involved:

6. Terms of Payment: ☐ Cash ☐ Loan
☐ Check ☐ Credit Card ☐ Installment
☐ Other _____

Loan – Installment - Finance Company Name:

7. Have you complained to the business? ☐ Yes ☐ No

If Yes, date you complained: _____

What action was taken by the business: _____

8. Have you filed this complaint with any other agency or organization? ☐ Yes ☐ No

If Yes - Identify organization: _____

What action was taken? _____

PLEASE CONTINUE TO OTHER SIDE

